

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 10/506240

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

AIMS	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	51	1	1			
52		1		1		
53						
54		5				
55					1	
56					1	
57					1	
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60					1	
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100						
TOTAL IND.			5			
TOTAL DEP.			5			
TOTAL CLAIMS			5			